



# i Tag Financials

Strategic Wealth | Trusted Advice

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Vadodarda, Gujarat, India.

## Client Data Gathering Form

Gratitude Words:		
Client Name:		
Spouse Name:		
Address :		
Contact Number :		
E-mail Address :		
Birth Date :		
Aadhaar Card No :		
PAN :		
Occupation :		
Citizenship :		
Marital Status :		
If previously married, reason for termination- Death or Divorced :		
Please provide copies of any marital settlement agreement:		
Children Details (If any)		
Full Name	Birth Date	Aadhaar Card No.
1)		
2)		
3)		
4)		
5)		
Guardianship of Minor Children:		
If any of your children are minors, who would you want to be their guardians, if anything should ever happen to you?		
1) Guardians :		
Relationship:		
2) Guardians:		
Relationship:		
Grand Children Details (If any)		
Full Name	Birth Date	Aadhaar Card No.
1)		
2)		
3)		

4)				
5)				
Living Parent Name and Birth date (Father)-				
(Mother)-				
Son's Wife Name and Birth Date-				
Daughter's Husband Name and Birth Date-				
<b>Present Estate Planning:</b>				
Who would you like to serve as Executor and Successor Executor of your estate?				
1) Executor:				
Address:				
		State:		
Pincode:		Contact No. :		
2) Executor 2 :				
Address:				
		State:		
Pincode:		Contact No. :		
<b>Expected Inheritances</b>				
Do you expect an Inheritance?				
if Yes, From Whom?				
Value :				
<b>Personal Data</b>				
Location of Safety Locker:				
Name of Financial Planner/ Advisors:				
Name of your CA:				
Name of Life Insurance Agent:				
<b>Bank Accounts</b>				
Bank Name	Type of Account (Savings, Current)	Account Number	Joint Holder	
1)				
2)				
3)				
<b>Real Estate</b>				
Type of Real Estate (Farm, Residence, etc.)	Real Estate Address or Location	Legal Title in who's Name	Fair Market Value	Area
1)				

2)				
3)				
4)				
5)				

Beneficiaries for the Above:

<b>Financial Assets</b>
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Type of Asset	Value	Beneficiary (Whom to be Given)
1) Equity Shares		
2) Equity Mutual Funds		
3) Debt Mutual Funds		
4) Gold		
5) Silver		
6) Diamond		
7) EPF/ PPF/ NPS		
8) Bank Fixed Deposit		
9) Any other personal belongings		

<b>Business Interest: Partnership, Proprietorship,LLP</b>
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Type of Interest	% of Ownership or No. of shares	Beneficiary	Capital as on today

<b>Life Insurance</b>
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Company name	Beneficiary Name	Amount Covered	Maturity value

<b>Loans</b>
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Financial Institution	Due date	Balance	Who will Repay in your absence

Name and Contact of your Witness			
Witness 1 Name:		Contact:	
Witness 2 Name:		Contact:	
ADDITIONAL INFORMATION:			
CHARITABLE BEQUESTS: Please mention any amount you want to donate to any organisation.			
SPECIFIC Family Trust : You can do for your wife, married daughter, any member or person nearer to you			
PLEASE LIST ANY FURTHER INFORMATION YOU WANT ME TO KNOW :			
Please attach copies of: 1. Latest Income Tax Return 2. Property Papers 3. Insurance documents 4. Medical Certificate of yourself 5. Medical Certificate of the executor 6. 2 photographs of each Witness.			
Signature:			
Date:			